

The Federal Health Insurance Marketplace in South Carolina: Qualified Health Plans Available for 2014

Under the Affordable Care Act, individual and small group health insurance coverage will be available for purchase in online exchanges that have been created by the U.S. Department of Health and Human Services. These exchanges are in addition to the existing private health insurance market and, as with any health insurance product, the insurance company must be licensed and the rates and forms for these products must be approved by the S.C. Department of Insurance. These plans must also be certified by the federal government as Qualified Health Plans (QHPs) in order to be sold in these federally-facilitated exchanges (FFEs). Purchasing a QHP through the FFEs is the only way to access federal subsidies. **Below is a summary of the plans that have been certified by the federal government for sale through the federal exchanges. To see a list of health plans available in the private market outside of the FFEs, click [here](#).**

Individual Market Coverage (Individuals, Families, and Self-Employed)

Qualified Health Plans Certified for Sale in the Health Insurance Marketplace¹

Company Name	Metal Level*					Totals
	Catastrophic	Bronze	Silver	Gold	Platinum	
BlueChoice Health Plan	1	3	5	1	-	10
Blue Cross and Blue Shield of South Carolina	1	2	4	2	-	9
Consumers' Choice Health Insurance Company	1	2	3	2	-	8
Coventry Health Care of the Carolinas, Inc.	5	10	5	5	-	25
Individual Market Totals	8	17	17	10	0	52

Small Group Market Coverage (Small Businesses with 2-50 Employees)

Qualified Health Plans Certified for Sale in the SHOP²

Company Name	Metal Level*					Totals
	Catastrophic	Bronze	Silver	Gold	Platinum	
BlueChoice Health Plan	-	-	1	1	-	2
Blue Cross and Blue Shield of South Carolina	-	-	1	1	-	2
Consumers' Choice Health Insurance Company	-	1	3	3	1	8
Small Group Market Totals	0	1	5	5	1	12

For more information on the federally-facilitated exchanges, please visit the official federal website, www.healthcare.gov, or call 1 (800) 318-2596.

For more information on the tax credits for small businesses, please visit the IRS website by clicking [here](#). You may also call 1 (800) 706-7893 to contact the federal SHOP (Monday through Friday 9am - 5pm EST).

Definitions and Additional Information

¹The **Health Insurance Marketplace**, also called the Federally-facilitated Marketplace or Exchange, is the name of the exchange that the federal government is establishing in South Carolina for the individual market. Plans sold through the Marketplace may be eligible for federal subsidies depending on your income and number of dependents. Open enrollment for plans sold through the Health Insurance Marketplace will begin on October 1st with coverage effective on or after January 1, 2014. For more information, please visit www.healthcare.gov or call 1 (800) 318-2596.

²The **Small Business Health Options Program (SHOP)** is the name of the small group health insurance exchange that the federal government is establishing in South Carolina. Small employers that purchase health insurance through the SHOP may be eligible for federal tax credits under federal eligibility criteria. For more information, please visit www.healthcare.gov/marketplace/shop or call 1 (800) 318-2596. Additional resources available for small businesses include the IRS website (click [here](#)), the U.S. Small Business Administration's health care website (click [here](#)), and the SHOP call center, 1 (800) 706-7893, which is available Monday through Friday from 9:00 a.m. to 7:00 p.m.

*Plans are separated into categories, commonly referred to as the **Plan Metal Level**, based on the percentage the plan pays of the average overall cost of providing essential health benefits to members. The plan category you choose affects the total amount you'll likely spend for essential health benefits during the year. The percentages the plans will spend, on average, are listed in the chart below:

Plan Metal Level	Actuarial Value
Catastrophic	n/a
Bronze	60%
Silver	70%
Gold	80%
Platinum	90%

As an example, a Silver Plan with an actuarial value of 70% means that, on average, the consumer would pay 30% of the costs of all covered benefits through out of pocket cost sharing. Please note that this is an average of expected costs across a standard population, so any individual could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on their actual health care needs and the terms of their insurance policy.

Catastrophic Plans must meet all of the requirements applicable to other Qualified Health Plans (QHPs), but coverage will be slightly less generous than the Bronze level plans. These plans are not required to cover benefits before the plan's deductible is met with one exception: they must cover three primary care visits per year regardless of whether or not the plan's deductible has been met. The monthly premium is generally lower than for other QHPs, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. Additionally, the federal government has limited enrollment in catastrophic plans. To qualify for a catastrophic plan, you must be under 30 years old OR get a "hardship exemption" from the Health Insurance Marketplace. Finally, federal subsidies (e.g., premium tax credits and cost-sharing reductions) aren't available for catastrophic plans.